**OPD Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*Last Name:  **${last\_name}** | \*First Name:  **${first\_name}** | | Middle Name:  **${middle\_name}** | Suffix (e.g JR, SR, III, IV):  **${suffix}** |
| \*Complete Address: *(House/Lot Nos., Street, Subd., Sitio/Purok)*  **${complete\_address}** | | | \*Barangay:  **${barangay}** | \*Municipality / City:  **${city}** |
| \*Date of Birth (MM-DD-YYYY):  **${bdate}** | \*Age:  **${age}** | \*Sex (M/F):  **${sex}** | \*Civil Status:  **${cs}** | \*Contact Number/s:  **${get\_contactno}** |

|  |  |  |  |
| --- | --- | --- | --- |
| PhilHealth PIN:  **${philhealth}** | Email:  **${email}** | Mother’s Name:  **${mother\_name}** | Father’s Name:  **${father\_name}** |
| If Married, Name of Spouse:  **${spouse\_name}** | | If Minor, responsible person/guardian:  **${minor\_guardian}** | Relationship:  **${guardian\_res}** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*Chief Complain:  **${chief\_complain}** | | | | | | |
| \*Consultation  Date/Time  ${con\_date} | \*Temperature  ${temp} | Blood Pressure (BP)  ${bp} | Height (HT)  ${height} | Weight (WT)  ${weight} | Respiratory Rate (RR)  ${rr} | Pulse Rate (PR)  ${pulse} |

\***Doctor’s Note:**

**Assessment:**

${list\_assessment}

**Plan of Action:**

${list\_plan}

${rx}

**Diagnostic Procedure:**

${list\_diag}

**${doctor\_name}**

${doctor\_position}

Reg. No. ${doctor\_regno}